

## APPLICATION FOR SCIENTIFIC RESEARCH AND COLLECTING PERMIT FOR STATE PARKS AND DESIGNATED STATE NATURAL AREAS

\*NOTE: IF COLLECTIONS ARE TO BE MADE ON OTHER AGENCIES' PROPERTIES (WILDLIFE MANAGEMENT AREAS, STATE FORESTS, ETC.) A PERMIT WILL NEED TO BE OBTAINED FROM THE LAND MANAGEMENT AGENCY RATHER THAN THE DEPARTMENT OF ENVIRONMENT AND CONSERVATION. ALSO ANY ANIMAL COLLECTIONS, REGARDLESS OF LOCATION, WILL REQUIRE A PERMIT FROM THE TENNESSEE WILDLIFE RESOURCES AGENCY.

CONTACT RICHARD KIRK AT 615-781-6619 FOR MORE INFORMATION REGARDING ANIMAL COLLECTIONS.

## SEND TO:

TN DEPT OF ENVIRONMENT AND CONSERVATION
ATTN ROGER McCoy
DIVISION OF NATURAL HERITAGE
401 CHURCH STREET FLOOR 14
NASHVILLE TN 37243-0447

OR

## E-MAIL TO:

## ROGER.MCCOY@STATE.TN.US

P	lease use your tab key to move between fields when completing electronically.]
	Name:
	E-mail address:
	Phone: Ext:
	Address:
	A. Institution or Organization:
	B. Position or Title:
2.	In what area(s) do you wish to collect?
<b>3</b> .	For how long is the permit requested? From: to: to: to:
ŀ.	Please provide a detailed narrative of the requested action, including the following points (you may
	key as much information as is necessary-extra pages are expected):
	A. Purpose of collecting:
	B. Objectives:
	C. Procedures of study (methods and materials):

D. Sp	pecimens to be collected (include common and Latin nomenclature and number of each):	
E. Ar	ny anticipated environmental alterations that might result during or after completing the study:	
F. Ul	timate deposition(s) of specimen(s):	
G. Pe	ermanent location of recorded data:	
Current Date Applicant Signature/s/_ (Filling in your name in this field is considered to be your signature if filing electronically.)		